Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

1502-88CON **Attorney Docket Number DECLARATION FOR UTILITY OR** William F. Avrin First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number □ Declaration □ Declaration 27 March 2001 Filing Date Submitted after Initial Submitted OR Filing (surcharge Unknown With Initial Group Art Unit (37 CFR 1.16 (e)) Filing **Examiner Name** Unknown required)

the state of the s									
As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled									
Simplified Water-Bag Technique for Magnetic Susceptibility Measurements on the Human Body and Other Specimens									
the specification of which (Title of the Invention)									
is attached hereto									
OR									
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number	pplication Number and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application									
I hereby claim foreign priority benefits under 35 U S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application	Priority	Certified Copy Attached?							
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below									
ApplicationNumber(s									
			Additional provisional application						
			a supplem	re listed on ental priority da	ta sheet				
			PTO/SB/0	2B attached he	reto				

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO. Assistant Commissioner for Patents, Washington, DC 20231

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:			Customer Number or Bar Code Label		00616		OR	☐ Cor	rrespondance address below		
Name	Lawrence A Maxham										
Address	BAKER & MAXHAM										
Address	750 B Street, Suite 3100										
City							State Z			ZIP	
San Diego						CA 9			92101		
Country Telephone							Fax				
us					61			619.544.1246			
haliayad ta ha trua:	; and furthe or imprisor	er that th nment, o	ese stater r both, und	ments v	rere made w	ith the	knowledge that willt	ui faise state	ements	information and belief are and the like so made are pardize the validity of the	
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								unsigned inventor			
Given Name William F.						Family Name Avrin or Surname					
Inventor's Signature							Date				
Residence: City State			(Country			tizenship				
San Diego	San Diego CA					US			3		
Mailing Address 9598 Carroll Canyon Road, #165											
Mailing Addres											
City				ZIP	ZIP Country						
San Diego				921	92126 US						
NAME OF SECOND INVENTOR:											
Given Name Sankaran						Family Name Kumar or Surname					
Inventor's Signature							Date				
Residence: City State				Country			Citizenship				
San Marcos CA				us			US				
Mailing Address 1009 Honeysuckle Drive											
Mailing Address											
City State				ZIP		Co	Country				
San Marcos CA				92069			us				
	inventors			on the	e 1 supplem	ental A	Additional Inventor(s)	sheet(s) PT	O/SB/0	2A attached hereto.	
Auditional					er				****		

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Peter		Cz	Czipott					
Inventor's Signature						Date		
Residence: City	San Diego S	CA State		US Country		US Citizenship		
Mailing Address 10741 Wallingford Road								
Mailing Address								
City San Diego		CA ZIP		92126 Co		US puntry		
Name of Additional Joint Inventor, if any:						this unsigned inventor		
Given Name (first and middle [if any])				Family Name or Surname				
Walter N				Freeman				
Inventor's Signature					Date			
Residence: City	San Diego	State CA	Cou	ntry US		Citizenship US		
Mailing Address	4505 Benhurst Avenu	ie						
Mailing Address								
City	San Diego St	ate CA	Zip	Zip 92122 Cou		ountry		
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])				Family Name or Surname				
Hoke S.				Trammell				
Inventor's Signature						Date		
Residence: City	San Diego	State CA Country US		Citizenship				
Mailing Address 6965 Golfcrest Drive, #2062								
Mailing Address								
City	San Diego	State CA		Zip 9211	9 c	ountry		

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

[Page 3 of 3]